PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			05 APR 20 PH 12: 30						
4 Comorni	JMENT tion Name TRUCKII		c Pon	000039	7886			; ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;		, 1 1, ();	ATE RIDA	
	Office Addre			3. Mailin	3. Mailing Office Address							•
14621 SPELLMAN CT Suite, Apt. #, etc.				Suite, Apt	Suite, Apt. #, etc.			INST/			02	<u>ි</u>
City & State SPRING HILL FL				City & Sta	City & State						oplied For	
_{Zip} 34610		Countr	у	Zip		Country		6. CERTIFICATE	OF STATUS		75 Additiona for a Certifica	a Fee required ite of Status
	7. Name and Address of Current Registered Agent											
	Name MARILYNN D'OSTROPH Street Address (P.O. Box Number is Not Acceptable) 14621 SPELLMAN CT							00005422250 05/10/0501077006 **600_00				
	Suite, Apt. #, Etc. City SPRING HILL									Zip Code 34610		
8. I, being appointed the registered agent of the above named corporation, and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 4-/5-05												CR2E081 (01/02)
9. Names	and Street A	ddresses	s of Each Office	r and/or Director	(Florida nonpro	ofit corporations mus	st list at ie	ast 3 directors)	1			
Titles	Name of Officers and/or Directors			tors	Street Addr Officer and				City / State / Zip			
PRES	THOMAS E D'OSTROPH JR				14621 SPELLMAN CT				SPRING HILL FL 34610			
SEC	MARIL	YNN L	D;OSTRO	PH	14621 SPELLMAN CT				SPRING HILL FL 34610			
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Deta Desytime Phone #												
		014	DOS	troph.	Jr.							

TO:

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Department of State

FROM:

TD & M Trucking Inc.

59-3715075 ID#

DATE:

APRIL 15, 2005

RE:

REINSTATEMENT

Years 2003 - 2005

To whom it may concern: We are enclosing the paper work for our reinstate ment as well as a check in the amount of \$600.00. We have never received any type of paperwork on this corporation and our tax accountant told us this year we should be paying this, and told us who to contact to correct this situation. The president is Thomas E D'Ostroph Jr. and Secretary is Marilynn L D'Ostroph please reinstate our corp. If there is anything we need to do additional please contact us by phone at 727-808-7165, because we are on the road a lot and never home.

Thank You